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CENTRAL INTELLIGENCE AGENCY  
OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS		INITIALS	DATE
1	Mr. [redacted]			
2	3C-19, Headquarters			
3				
4				
5				
6				
	ACTION	DIRECT REPLY	PREPARE REPLY	
	APPROVAL	DISPATCH	RECOMMENDATION	
	COMMENT	FILE	RETURN	
	CONCURRENCE	<input checked="" type="checkbox"/> INFORMATION	SIGNATURE	

Remarks:

Don:

In accordance with your request today, there is attached material relative to Forms Management Workshops conducted by GSA. We have had two (2) such workshops sponsored jointly by GSA and our Staff. These have been very successful. I believe DDP, too would profit from them. I suggest that the groups should not exceed 15 or 20. As indicated today these workshops require about six (6) hours actual classroom work.

Let me know your wishes.

 FOLD HERE TO RETURN TO SENDER

ADDRESS AND PHONE NO.	DATE
Rec Mgmt Staff/DDS	4/4/63
<input checked="" type="checkbox"/> UNCLASSIFIED	SECRET

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